## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2004 8:00 am Secretary of State

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DOCUMENT # P03000030113  1. Entity Name FLORIDA FORECLOSURES, INC.								04-10-	2004 90	071 023	138.7
Principal Place of Business Mailing Address								CCAT	CECE		
3971 S.W. 8 ST., S-301 Miami, FL 33134				3971 S.W. 8 ST., S-301 MIAMI, FL 33134			 	. 6641 			IRTI 10 (RA)
2. Principal P	lace of Busin	ness	3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apr. #, etc.			04122004	Chg-P	CR2E0	34 (10/03)	
City & State				City & State		4. FEI Numb	000 361	2	No	plied For t Applicable	
Zip	Country			Zip Coun		ary	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
- 1.	6. Name	and Address of Ci	urrent Regis	tered Agent	Name	7. Name and	Address of New R	egistered /	\gent		
BRANA, ARMANDO A 3971 S.W. 8 ST., S-309						Street Address (P.O. Box Number is Not Acceptable)				<del></del>	
MIAMI, FL			ļ———					<del></del> i			
				•	City			FL	Zip Cod	•	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE_											
	Signature, types	or three ways or tabilities	ed agent and title	il applicable. (NO)	E: Registere	d Agent signature requir	ed when (Ninesting)	ı	DATE	<del></del>	
		FEE 18 \$150.0 4 Fee will be \$		9. Election Campa Trust Fund Con			5.00 May Be ided to Fees				
10.		OFFICER:	S AND DIRE	TORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	SIN 11
TITLE	PD	7.		☐ Delate	TITL	į.				☐ Change	Addition
NAME STREET ADDRESS	1	ARMANDO A /. 8 ST., S-301			NAM STRE	ET ADORESS					
CITY-ST-ZIP	MIAMI, F					-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP						EE1 AUDRESS (-ST-ZIP					1
	certify that II	ne information suppli ort or supplemental r	ied with this ! eport is true	iling does not quality for and accurate and that			Section 119.07(3 e same legal effe	(i), Florida Statutes. ct as if made under	I further cer path; that I	tify that the i	nformation of director
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other-like empowered.											
SIGNAT	TURE:			Y	Anni	ANDU BRA	vur) 4	116104			